
All information shared in this survey will remain confidential and will only be used in a de-identified aggregate form. The name of the survey respondent will never be shared. Findings from aggregated responses to this survey tool will contribute to the development of state and federal policy recommendations. A report summarizing the findings will be released to Summit participants and to the public.

Your name: _____

1. Please select your job title/category:

- | | |
|--|--|
| <input type="checkbox"/> CEO/Executive | <input type="checkbox"/> Program manager |
| <input type="checkbox"/> CIO or CTO | <input type="checkbox"/> Case worker or health care provider |
| <input type="checkbox"/> Clinical or administrative director | <input type="checkbox"/> Other (please specify): _____ |

2. Please select one or more of the following licenses that you hold in Illinois:

- | | |
|---|--|
| <input type="checkbox"/> MD | <input type="checkbox"/> Alcohol Drug Counselor (CADC/CAADC) |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> PsyD | <input type="checkbox"/> RN |
| <input type="checkbox"/> Social Worker (LCSW/LSW/MSW) | <input type="checkbox"/> Do not hold license |
| <input type="checkbox"/> LCPC | <input type="checkbox"/> Other (please specify): _____ |

3. How would you categorize your employer?
Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Outpatient – Mental Health | <input type="checkbox"/> Medical Provider |
| <input type="checkbox"/> Outpatient – Substance Abuse | <input type="checkbox"/> Vendor of IT Services |
| <input type="checkbox"/> Inpatient/Residential – Mental Health | <input type="checkbox"/> State agency |
| <input type="checkbox"/> Inpatient/Residential – Substance Abuse | <input type="checkbox"/> Other (please specify): _____ |

4. What is the status of your employer's HIT (health information technology) efforts?

- ☐ We use an electronic health records system and electronic practice management system
- ☐ We use an electronic health records system only
- ☐ We use an electronic practice management system only
- ☐ We are currently implementing an electronic health records system
- ☐ We plan to implement an electronic health records system
- ☐ We do not plan to implement an electronic health records system

5. If you have an EHR, what is the name and version of the EHR system?

EHR Name _____

EHR Version _____

6. If your employer has implemented an EHR or other HIT tools, in what ways have they been used in the behavioral health service delivery process of your organization?

- ☐ For treatment
- ☐ For operations
- ☐ For the payment/billing process
- ☐ Other (please describe): _____

7. If you have an EHR, which of the following data exchange functionalities does your EHR support?

- ☐ eRX
- ☐ Lab interfaces
- ☐ Continuity of Care Document (CCD)
- ☐ Secure messaging
- ☐ Patient portal (e.g. secure messaging, posting lab results, etc.)

8. What types of organizations does your organization routinely share patient information with to facilitate care coordination? Check all that apply.

- ☐ Outpatient – Mental Health
- ☐ Outpatient – Substance Abuse
- ☐ Inpatient/Residential – Mental Health
- ☐ Inpatient/Residential – Substance Abuse
- ☐ Medical Provider
- ☐ Other (please specify): _____

9. How many organizations do you exchange patient information with...

...by fax/paper? _____

...electronically? _____

10. Please name the top 3 provider organizations that you share information with, indicate their city, describe their service type, and indicate whether you exchange information via fax/paper or electronically:

Organization Name	City	Service Type	Means of Information Exchange

11. Have you joined a coordinated care network? If so, are you capable of exchanging information electronically? If not, please explain the reason.

12. Do you have enough knowledge about care coordination?

13. Starting with 1 as the most important, rank all types of information that apply for each question.

What types of patient information would you...

	...need access to from the health information exchange (HIE) so that your consumers receive optimal care?	...consider essential to facilitate care coordination between behavioral and physical health care providers?	...encourage patients to share with doctors to support coordinated care/patient centered care?
Medical History			
Diagnosis			
Medication List			
Treatment Plans			
Treatment Recommendations			
Discharge Recommendations			
Allergies			
Vital Signs			
Labs			
Current and Last 3 Treatment Providers			
Other (please specify)			

☐ Not sure yet

☐ Not sure yet

☐ Not sure yet

14. In care coordination, what restrictions should exist on the personal health information listed above in #13?

For use in treatment	
For payment/ billing uses	
For operational uses	

15. What benefits would you cite to encourage participation in health information exchange?

16. Would you like supporting materials to help encourage patient participation?

17. What are the one or two points that you would take away from today's Summit?

18. In which ways has your organization been involved in supporting legislative changes to improve services? Select all that apply.

- ☐ Share information with board of directors
- ☐ Secure a board position on legislation
- ☐ Speak to decision-makers (e.g. legislators, state agency administrators, etc.)
- ☐ Educate partner providers and consumers
- ☐ Engage partner providers and consumers
- ☐ Other (please describe): _____

19. Are you interested in receiving updates on the progress of the process to develop new legislation to support health information exchange in the context of care coordination?

☐ Yes ☐ No

20. Please check the state program or initiative that you would like more information on:

- ☐ Illinois Department of Human Services Programs
- ☐ Illinois Department of Healthcare and Family Services Care Innovations
- ☐ Illinois Health Information Exchange (ILHIE) Data Security and Privacy Committee recommendations
- ☐ ILHIE Direct Implementation
- ☐ Other: _____

21. Please check the issue area(s) that you would like more information on:

- ☐ Legal analysis of current Illinois law
- ☐ Accommodating behavioral health data in the health information exchange
- ☐ Development of data sharing agreements and consent forms
- ☐ Electronic Health Records (EHR) Implementation

22. Will you participate in the report back webinar in mid-July?

☐ Yes ☐ No ☐ Not sure

23. What additional information would you find helpful in relation to health information technology and care coordination among behavioral health and medical providers?

Contact Information

Company _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

Email _____

Please provide your NPI (National Provider Identifier) number:

- ☐ NPI _____
- ☐ Do not know NPI
- ☐ Not applicable

Thank you for participating.